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APPLICANTS

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** CONTINUING DATA ***** *EK (none)*** FOREIGN APPLICATIONS ***** *EK (none)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 12	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>EK</i>	Examiner's Signature	Initials		

ADDRESS

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TITLE

A SEMICONDUCTOR DEVICE HAVING AT LEAST ONE SOURCE/DRAIN REGION FORMED ON AN ISOLATION REGION AND A METHOD
 OF MANUFACTURE THEREFOR

FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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